

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-6355		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.					
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 04   08   16		DAY FRI		TIME: MILITARY 1648					
CRASH OCCURRED ON 1871 Deerfield RD., Lebanon, OH, 45036								WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION ____ MILES ____ FEET W N E S OF (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)								CITY CODE									
LOG-1		LOG-2		LOC JUR FH9 FILT													
A UNIT NO. 1		NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		American Fam/2149753303									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Norman, Noah, P				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1116 Mohawk DR., Lebanon, OH, 45036													
PHONE NO. 513-934-7010		BIRTH DATE 5   9   1983		AGE 22		SEX M		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. TM942457		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME) Same				ADDRESS								PHONE					
VEH YR 2005		MAKE Mercury		MODEL Sable		COLOR Silv		STYLE 4D		STATE OH		LICENSE PLATE NO. C798237		TOWING SERVICE N/A		VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8 UNIT NO. 2		NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT											
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Rodgers, Jennifer, M				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 983 Grandstone CT., Lebanon, OH, 45036													
PHONE NO. 513-282-2252		BIRTHDATE 5   5   1982		AGE 43		SEX F		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. RK213469		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME) Rodgers, Jane, C				ADDRESS 6275 Glenburn CT., Cebterville, OH, 45459								PHONE 513-282-2252					
VEH YR 2008		MAKE Chevrolet		MODEL Malibu		COLOR Tan		STYLE 4D		STATE OH		LICENSE PLATE NO. JR1119		TOWING SERVICE N/A		VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m   d   y		AGE		SEX		POSITION A B C D E F		INJURIES A B C D E F					
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m   d   y		AGE		SEX		POSITION A B C D E F		INJURIES A B C D E F					
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m   d   y		AGE		SEX		POSITION A B C D E F		INJURIES A B C D E F					
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m   d   y		AGE		SEX		POSITION A B C D E F		INJURIES A B C D E F					
A B C		INJURED TAKEN TO		By		A B C D E F		RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL A B C D E F 1 YES <input type="checkbox"/> NO <input type="checkbox"/> 2 YES <input type="checkbox"/> NO <input type="checkbox"/> 3 YES <input type="checkbox"/> NO <input type="checkbox"/> 4 YES <input type="checkbox"/> NO <input type="checkbox"/>							
A B C		INJURED TAKEN TO		By		A B C D E F		EJECTION A B C D E F 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		DRUGS A B C D E F 1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG							
A B C		OFFENSE CHARGED AND DESCRIPTION ORC CITY ORD.		A B C D E F		A B C D E F		A B C D E F		A B C D E F		A B C D E F					
A B C		OFFENSE CHARGED AND DESCRIPTION ORC CITY ORD.		A B C D E F		A B C D E F		A B C D E F		A B C D E F		A B C D E F					
RECEIVED CALL 1648		DISPATCHED 1651		ARRIVED 1657		CLEARED 1714		OTHER TIME		TOTAL MINUTES 00OffOff		A B C D E F		A B C D E F			
DATE REPORT FILED 4   8   16		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Ptl. Brummett		BADGE NO. 111		CHECKED BY		A B C D E F		A B C D E F		A B C D E F			

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION